

LGU Unit

# Documentation of the Assessment Planning Workshop in Capiz

Deliverable No. 9a

March 31, 2004

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This report was made possible through support provided by the U.S. Agency for International Development, under the terms of Contract No. 492-C-00-03-00024-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the U.S. Agency for International Development.

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## **OPENING PROGRAM**

Seventy five (75) participants from 17 component municipalities in the Province of Capiz joined the health assessment planning workshop that was held in Iloilo City on March 2 -3, 2004.

Dr. Gloria Obdullia, Provincial Health Officer of Capiz, opened the program by introducing the honored guests headed by the Provincial Governor, the Honorable Vicente Bermejo, and composed of the municipal mayors, the representative of Region VI Center for Health Development (CHD6) of the Department of Health (DOH), the chiefs of municipal health districts, and the municipal health officers, public health nurses, and other representatives of the municipal health offices.

Governor Bermejo welcomed the participants to the two-day event. He expressed his appreciation to the Management Sciences for Health and USAID for the selection of Capiz municipalities as sites for the LEAD for Health Project. In return for the gesture, he challenged the participants to come up with viable health plans for their respective municipalities to ensure a better delivery of health services to the community; and encouraged them to work together for the reintegration of health services to achieve a common goal for the province. He conveyed his wish to make Capiz a model for the whole country.

Dr. Paulyn Ubial, DOH-CHD6 Assistant Director, delivered a message in behalf of the Regional Director, Dr. Lydia Depra-Ramos. She gave an assurance of support from DOH for the LEAD project, and noted that it comes as an additional support from USAID to boost what current health service providers are doing, with meager resources.

Ms Conchita Ragrario, LGU Advocacy Specialist for the Project, walked the participants through the workshop process, set the objectives, spelled out the expected outcome or output, and clarified the different participatory methods the event uses and their respective purposes, as follows:

### **Workshop Objectives**

At the end of the workshop, the participants will have:

- ☞ Assessed the health situation in the Inter-Local Health Zone/Municipality in terms of FP, Vit. A supplementation, TB-DOTS and HIV/AIDS
- ☞ Formulated the ILHZ Health Strategy and identified priority areas for health development
- ☞ Identified the 3-5 priority areas for assistance from the LEAD Project
- ☞ Agreed on the Next Steps for assessment activities for TA proposal preparation.

## **Workshop Method**

*Purpose* – to have the participants in the group:

- ☞ Contribute thoughts and ideas
- ☞ Build group consensus
- ☞ Formulate innovative and creative solutions to issue and problems
- ☞ Forge a strong sense of stakeholdership and responsibility

## **Expected Outcome/Output**

- ☞ ILHZ situation assessed
- ☞ ILHZ health strategies and priorities
- ☞ Areas for LEAD assistance
- ☞ Identify the “next steps”

The first session, a plenary, saw Dr. Gloria Obdullia presenting the Provincial Health Situation in Capiz, followed by Mr. William R. Goldman, Chief of Party of the LEAD for Health Project, who oriented the participants on the project. An open forum concluded the morning session.

## **WORKSHOPS**

For the afternoon activities, the participants divided themselves into five break-out groups to hold workshops following methods drawn from the Technology of Participation. The assigned facilitator and technical persons assisted each group throughout the workshop process.

Each group went through a workshop process with two parts. The first part called for a quick assessment by the participants of the current health reality in their respective Inter-Local Health Zones or ILHZ – in terms of gaps or needs and strengths or accomplishment. The participants were also asked to take stock of the health programs the LGU is implementing and other related information. Templates were provided and filled up by each participant, in response to the focus question, through the individual brainstorming session. Each individual output was later contributed to a group discussion to yield a consolidated group answer.

The second part expected the participants to address the identified gaps or needs by mapping out and agreeing on a set of health strategies. This part also expected the participants to identify and rank by LGU priority the broad areas of work needing technical and other assistance. Each group output was presented to other group members for clarification and validation.

The succeeding pages present the output of each group.

## GROUP 1 WORKSHOP OUTPUT

### Inter-Local Health Zone Composed of the Municipalities of Jamindan, Mambusao, Sapián, and Sigma

#### Session 2: The ILHZ Health Situation

#### 1. Output by Health Indicator, Management System, and Health Financing System

AREA OF CONCERN	HEALTH INDICATOR	MANAGEMENT SYSTEM	HEALTH FINANCING SYSTEM
Family Planning	<ul style="list-style-type: none"> <li>All methods are available except permanent methods</li> <li>IUD insertion available at MRHU only</li> <li>high drop out rate of modern method</li> <li>low acceptability of NFP</li> <li>CPR=40%, CU=1273(increasing), NA=283, MWRA=3842, drop out=266(increasing)</li> <li>increase in acceptors for permanent methods - MGP</li> </ul>	<ul style="list-style-type: none"> <li>Inadequate IEC due to time restraint</li> <li>inadequate/reducing logistics</li> <li>LGU supportive</li> <li>All HP trained, untrained RHM on Basic-Compre F.T. (7) JAM</li> <li>strong negative influence of religious &amp; cultural beliefs</li> <li>inaccessibility of BTL staff</li> <li>not enough information on who are the clients</li> <li>lack of information-based planning and decision-making</li> <li>not all personnel are trained in basic comprehension(Sapián)</li> <li>lack of IEC materials</li> </ul>	<ul style="list-style-type: none"> <li>Insufficient LGU budget for FP (P35, 000/A)</li> <li>No funds for FP supplies procured (pills, condoms, etc.</li> <li>presence of Matching grant Program</li> <li>insufficient funding from LGU</li> </ul>
TB-DOTS	<ul style="list-style-type: none"> <li>case detection rate 21/3423 =0.613</li> <li>conversion rate = 100%</li> </ul>	<ul style="list-style-type: none"> <li>Updated and efficient record keeping</li> <li>proactive HWs (CVHWs)</li> </ul>	<ul style="list-style-type: none"> <li>Lobbying financial support from LGU, DOH</li> <li>TR management included in</li> </ul>

AREA OF CONCERN	HEALTH INDICATOR	MANAGEMENT SYSTEM	HEALTH FINANCING SYSTEM
	<ul style="list-style-type: none"> <li>Cure rate = 100%</li> </ul>	<ul style="list-style-type: none"> <li>Microscopist available</li> <li>Philcat accredited facility</li> <li>good coordination with military medical staff</li> <li>reach out people that need TB DOTS services</li> <li>intensive IEC campaign</li> <li>trained RHU personnel on DOTS</li> <li>adequate drug supply</li> <li>Capiz is identified as the “center of learning”</li> </ul>	<ul style="list-style-type: none"> <li>Philhealth package</li> <li>private-public mix in TB management</li> <li>adequate financial support on TB-health program</li> <li>insufficient funding from LGU</li> </ul>
Vit. A Supplementation	<ul style="list-style-type: none"> <li>Target population (pop x 11.2%)</li> <li>Accomplishment -97% G.P.</li> <li>Routine supplementation for 9-22 mos. =100%</li> <li>decrease in malnutrition rate (Mambusao)</li> <li>Increase in malnutrition (4.1% to 6.4%) (sigma)</li> </ul>	<ul style="list-style-type: none"> <li>Schedule of GP in conflict with work and vacation</li> <li>finances and logistic sufficient</li> <li>strong support of LGU (IEC and logistic system)</li> <li>information system is placed</li> <li>inactive weighing post (Sigma)</li> <li>increase nutrition posts at the barangay</li> <li>increase availability of insumix production center</li> </ul>	<ul style="list-style-type: none"> <li>Supply of vit. A is enough and delivered in time</li> <li>insufficient funding from LGU</li> </ul>
HIV/AIDS	<ul style="list-style-type: none"> <li>93 pts. seen with vaginal discharges (increasing)</li> <li>presence of establishments that cater to risky behaviors</li> <li>increasing number of homosexuals</li> <li>prevalence of drug abuse/user, presence of military camp (risky behavior)</li> </ul>	<ul style="list-style-type: none"> <li>MDH with trained staff for laboratory in HIV detection/management</li> <li>RHU staff trained in syndromic approach</li> <li>presence of lab (for smearing) or RHU</li> <li>strong management support of LGU &amp; DOH (ILHZ)</li> </ul>	<ul style="list-style-type: none"> <li>Decreasing budgetary input from LGU</li> <li>increasing Philhealth membership,</li> <li>inadequate/inaccessible financial sources from foreign assistance program</li> <li>no budgetary allocation for HIV from LGU</li> </ul>

AREA OF CONCERN	HEALTH INDICATOR	MANAGEMENT SYSTEM	HEALTH FINANCING SYSTEM
		<ul style="list-style-type: none"> <li>• non passage of HIV/AIDS prevention and control ordinance</li> <li>• Lack of political will in the implementation of the sanitary code of the Phil.</li> <li>• No comprehensive training for hospital personnel on HIV/IADS mgt.</li> <li>• lack of IEC mechanism (materials, macroplan, staff, GIS)</li> <li>• routine HIV testing upon entrance in military</li> <li>• on the job training for RHM in diagnosis mgt. (Mambusao)</li> </ul>	

2.

### Current Health Programs/Projects

AREA OF CONCERN	PROGRAM/PROJECT	SUPPORT	SOURCE
Family Planning	<b>RH</b> <ul style="list-style-type: none"> <li>• MGP</li> <li>• Women's Health and Safe Motherhood Program</li> <li>• GAD</li> <li>• Family Planning Program</li> <li>• Natural Family Planning</li> </ul>	<b>P300, 000.00</b>  Equipment and trainings	<b>LGU/UNFPA/JOICFP</b>  USAID  LGU LGU LGU
TB-DOTS	<b>Kusog Baga Program</b> <ul style="list-style-type: none"> <li>• Center of Learning</li> </ul>		<b>LGU/CIDA</b> World Vision implemented by NGO
Vit. A Supplementation	<u><b>Garantisadong Pambata</b></u> <ul style="list-style-type: none"> <li>• MGP</li> <li>• Nutrition Program</li> <li>• Fortification Program</li> </ul>		<b>DOH</b> USAID LGU ECDFF (UNECEF) thru LGU
HIV/AIDS	<b>RH</b> <ul style="list-style-type: none"> <li>• Women's Health and Safe Motherhood</li> </ul>	Trainings and equipment	<b>LGU/UNFPA/JOICFP</b>



### 3. Strengths/Accomplishments, Gaps/Needs

AREA OF CONCERN	STRENGTHS/ACCOMPLISHMENTS	GAPS/NEEDS
Family Planning	<ul style="list-style-type: none"> <li>• Presence of foreign funded projects which focus on RH</li> <li>• UNFPA, MGP, JOICFP</li> <li>• Trained and committed health personnel</li> <li>• Passing of ordinance which supports RH and GAD</li> <li>• Supportive LGU in terms of advocacy/IEC campaign</li> <li>• General awareness of the community on RH programs</li> <li>• Commitment of health personnel to health programs</li> <li>• Capability to source/access fund</li> <li>• Presence of organized BHWs</li> <li>• Supportive current LGU</li> </ul>	<ul style="list-style-type: none"> <li>• Untrained personnel</li> <li>• Inaccessibility of certain methods due to <ul style="list-style-type: none"> <li>○ Religious beliefs of both providers and clients</li> <li>○ Cultural beliefs, poverty</li> </ul> </li> <li>• LGUs are not ready to respond to contraceptive phase-out.</li> <li>• Insufficient funding from LGU</li> <li>• Dole-out mentality</li> <li>• Lack of foreign funding agency (equitable distribution of resources)</li> <li>• Identification of clients</li> </ul>
TB-DOTS	<ul style="list-style-type: none"> <li>• Capiz is identified as the “center for learning” in Asia Pacific</li> <li>• Trained and committed health personnel</li> <li>• Increase in cure rate which exceeded the target (92%)</li> </ul>	<ol style="list-style-type: none"> <li>a. Insufficient funding from LGUs</li> <li>b. The delivery of the supplies are not on time (DOH)</li> <li>c. Not Philcat accredited</li> <li>d. Identification of clients</li> </ol>
Vit. A Supplementation	<ul style="list-style-type: none"> <li>• Sufficient supply of Vit. A</li> <li>• Decrease prevalence rate of Vit. A deficiency and malnutrition</li> <li>• Functional weighing posts in some areas</li> <li>• MGP recipient LGU (Jamindan)</li> <li>• Presence of BHWs</li> </ul>	
HIV/AIDS	<ul style="list-style-type: none"> <li>• Trained health personnel in syndromic</li> </ul>	<ol style="list-style-type: none"> <li>a. Untrained health personnel</li> </ol>

AREA OF CONCERN	STRENGTHS/ACCOMPLISHMENTS	GAPS/NEEDS
	management <ul style="list-style-type: none"> <li>• MPH trained staffs for lab HIV detector/management</li> <li>• Active/supportive program coordinators</li> <li>• Presence of laboratory at RHU level</li> <li>• Initial moves: collaborative HIV Center</li> </ul>	b. No HIV/AIDS council c. Insufficient IEC d. Stigma e. Identification of clients
Health financing	<ul style="list-style-type: none"> <li>• Presence of Matching Grant Program (Jamindan)</li> <li>• Financial support by LGUs and ILHZ</li> <li>• Increase in Philhealth membership</li> <li>• Presence of foreign funded agencies</li> <li>• ILHZ level – towards pooled procurement</li> </ul>	1. Supervision system and capability 2. Untrained health personnel 3. Insufficient LGU funding 4. Planning mgt and strategy formulation 5. Lack of Info-based planning and decision making
Management of health services delivery	<ul style="list-style-type: none"> <li>• Trained/skilled health personnel</li> <li>• SS certified health facility</li> <li>• Provision of TA by DOH (provincial)</li> <li>• Passing of no-smoking ordinance</li> <li>• Adapting the Clean Air Act</li> <li>• Presence of Active/functional health boards</li> <li>• Organization of ILHZ</li> </ul>	a. Decrease in Philhealth enrollees b. Lack of sustainability

### **Session 3: ILHZ Strategy Formulation and TA Needs Identification**

#### **1. Health Strategy Formulation**

<b>STRATEGIES/ACTION ITEMS</b>
<p><b>SEEK SUPPORT AND PARTICIPATION FOR ALL HEALTH PROGRAMS</b></p> <ul style="list-style-type: none"><li>▪ Advocacy/giving of orientation (of health programs) to newly elected local officials</li><li>• Advocacy to religious leaders</li><li>• Encourage male support and involvement</li><li>• Continue HIV-AIDS trimedia</li></ul> <p><b>SOURCE SUSTAINABLE FUNDING</b></p> <ul style="list-style-type: none"><li>▪ Timely delivery of drugs and supply</li><li>▪ Formulation of CSR in local level</li><li>▪ “Botica sang Barangay “ as channel for merchandising of FP commodities</li><li>▪ Networking of fund sourcing</li><li>▪ Inclusion of FP supplies</li><li>▪ Lobbying to increase LGU (Municipal) budget from 9% to 20% for health</li></ul> <p><b>UPGRADE KNOWLEDGE AND SKILLS OF HEALTH WORKERS</b></p> <ul style="list-style-type: none"><li>▪ Capability building of health personnel</li><li>▪ Training workshops on management, planning and strategy formulation for ILHZ, LHB</li><li>▪ Prioritize basic comprehensive training</li><li>▪ Training of untrained RHU personnel</li></ul> <p><b>DEVELOP ACCURATE CLIENT-BASED INFORMATION SYSTEM</b></p> <ul style="list-style-type: none"><li>▪ Active case finding</li><li>▪ Have client master list</li><li>▪ IT for client identification program and health information</li></ul> <p><b>PROVIDE ADDITIONAL SOURCES OF INCOME</b></p> <ul style="list-style-type: none"><li>▪ Include IGP component in the program</li></ul> <p><b>MAKE FP METHODS ACCESSIBLE</b></p> <ul style="list-style-type: none"><li>▪ Cafeteria style in FP method</li></ul>

## **2. Priority Areas for LEAD Technical Assistance**

In order of priority, based on number of “votes” received, as follows:

1. Opportunities for OST (8 votes)
2. Fund accessing or sourcing (8 votes)
3. Technical and management training (includes documentation) (6 votes)
4. Training on advocacy and behavioral change (5 votes)
5. Financial management training (4 votes)
6. Training, hardware, etc., -logistic in support of Information technology (4 votes)
7. Seed capital of IGP (3 votes)

## GROUP 2 WORKSHOP OUTPUT

### Inter-Local Health Zone Composed of the Municipalities of Ivisan, Panay, and Panit-an; and Roxas City

#### Session 2: The ILHZ Health Situation

#### 1. Output by Health Indicator, Management System, and Health Financing System

AREA OF CONCERN	HEALTH INDICATORS	MANAGEMENT SYSTEM	HEALTH FINANCING SYSTEM
Family Planning	<ul style="list-style-type: none"> <li>• Low Number of New Acceptors</li> <li>• High percentage of FP Drop-outs</li> <li>• Low male involvement on FP</li> <li>• Low accomplishment for voluntary surgical method like BTL and Vasectomy</li> </ul>	<ul style="list-style-type: none"> <li>• Delayed distribution of CDS from Region to LGU (2002)</li> <li>• Delayed submission of records and reports from RHU to the Province</li> <li>• No Basic Comprehensive Training for newly-hired HP</li> <li>• Provision of FP commodities through USAID</li> <li>• No training for No Scalpel Vasectomy for MDs in Hospitals and RHUs</li> <li>• Volunteers, like BHWs, male motivators and mother's group, need FP Training</li> </ul>	<ul style="list-style-type: none"> <li>• No LGU budget for purchase of FP commodities</li> <li>• Lack of Equipment/supplies for FP</li> <li>• No budget from LGU for FP Training</li> <li>• Capitation Fund not allowed to purchase contraceptives</li> <li>• No medications for complications of users e.g. Albothyl</li> <li>• No DOH/LGU fund for Sterilization Method</li> </ul>
TB-DOTS	<ul style="list-style-type: none"> <li>• High Cure Rate</li> <li>• High Case Detection</li> <li>• Untimely migration of clients at the rate of 3%</li> </ul>	<ul style="list-style-type: none"> <li>• Selective Training of personnel on TB-DOTS</li> <li>• Low TB surveillance in Barangays</li> <li>• Private Practitioners informed on proper TB protocol</li> </ul>	<ul style="list-style-type: none"> <li>• LGU Funds available for Category 3 meds</li> <li>• World Vision assistance for Training capability of Medical Technologists for QA</li> </ul>

AREA OF CONCERN	HEALTH INDICATORS	MANAGEMENT SYSTEM	HEALTH FINANCING SYSTEM
		<ul style="list-style-type: none"> <li>• CDS – drug distribution from the Region is delayed</li> <li>• Government physicians in hospital do not observe DOTS protocol</li> </ul>	<ul style="list-style-type: none"> <li>• Phil Health financing for TB-DOTS patient</li> <li>• No TEVs for field personnel</li> <li>• No incentives for CVHWs and DOTS partners</li> </ul>
Vit. A Supplementation	<ul style="list-style-type: none"> <li>• Sustained Vit. A supplementation</li> <li>• No Vit. A deficiency case</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of IEC materials</li> </ul>	<ul style="list-style-type: none"> <li>• CDS-DOH</li> <li>• CDS-Women's Health and safe motherhood</li> <li>• TEVs from LGU for Vit. A distribution is not enough</li> </ul>
HIV/AIDS	<ul style="list-style-type: none"> <li>• No Contact Tracing</li> <li>• Low Case Detection</li> <li>• Presence of High Risk groups</li> <li>• Inadequate knowledge of the community on STI/HIV AIDS</li> </ul>	<ul style="list-style-type: none"> <li>• No STD/HIV Surveillance</li> <li>• Social Hygiene Clinic without trained counselor</li> <li>• Presence of the Roxas City Aids Council (ROCAC)</li> <li>• Not all health personnel are trained on STI/HIV AIDS</li> <li>• SKILLS (management, contact tracing, case detection &amp; counseling) of Health Providers</li> </ul>	<ul style="list-style-type: none"> <li>• UNFPA Funds (education and advocacy)</li> <li>• No funds for testing kits</li> <li>• Lack of Funds for Trainings except for Roxas City</li> <li>• Lack of funds for equipment e.g. speculum, gloves and reagents</li> </ul>

### 3. Current Health Programs/Projects

AREA OF CONCERN	PROGRAM/PROJECT	SUPPORT	Source
Family Planning	<ul style="list-style-type: none"> <li>• FP Day Celebration</li> <li>• “Kalusugan Alert” Days in Barangays</li> <li>• NFP Clinic &amp; Advocacy</li> <li>• Reproductive Health</li> <li>• Assistance to Ligation &amp; vasectomy clients (Roxas City)</li> <li>• 5<sup>th</sup> &amp; 6<sup>th</sup> country of assistance of UNFPA for RH &amp; ARH</li> </ul>	<ul style="list-style-type: none"> <li>• <b>P22,000.00</b></li> <li>• P40,000.00</li> <li>• None</li> </ul>	<ul style="list-style-type: none"> <li>• <b>LGU Funds</b></li> <li>• Matching Grant Program</li> <li>• Volunteers – CFM, CFC</li> <li>• UNFPA</li> <li>• Matching grant</li> </ul>
TB-DOTS	<ul style="list-style-type: none"> <li>• KUSOG-BAGA Program</li> <li>• Lung Celebration Month</li> </ul>	No entry	<ul style="list-style-type: none"> <li>• LGU (CAT 3 Meds)</li> <li>• World Vision</li> </ul>
Vit. A Supplementation	<ul style="list-style-type: none"> <li>• P MEC</li> <li>• Garantisadong Pambata</li> <li>• ECD</li> <li>• CPC V</li> </ul>	No entry	<ul style="list-style-type: none"> <li>• DOH</li> <li>• DOH</li> <li>• World Bank</li> <li>• UNICEF</li> </ul>
HIV/AIDS	<ul style="list-style-type: none"> <li>• “ROCAC” – meetings, activities</li> <li>• World AIDS Day Celebration</li> <li>• Social Hygiene Clinic</li> <li>• International Candlelight Memorial</li> </ul>	<ul style="list-style-type: none"> <li>• P38,000.00</li> </ul>	<ul style="list-style-type: none"> <li>• UNFPA</li> <li>• LGU Funds</li> </ul>

### 3. Strengths/Accomplishments, Gaps/Needs

AREA OF CONCERN	STRENGTHS/ACCOMPLISHMENTS	GAPS/NEEDS
Family Planning	<ul style="list-style-type: none"> <li>• Most of the HPs trained in IRH</li> <li>• Increased awareness of the community on FP</li> <li>• Increased number of new acceptors yearly</li> <li>• Strong support of UNFPA and JOICFP</li> <li>• Strong support with involvement of LCEs and HPs volunteer</li> <li>• Availability and accessibility of FP services in all health facilities</li> <li>• Approved resolution to promote IRH</li> <li>• Utilization of CVFWs, Male Motivators, Women's Group, BNS and BSPO to promote FP</li> <li>• Organization of MIAT, RIAT and PIAT</li> </ul>	<ul style="list-style-type: none"> <li>• No basic comprehensive training for newly hired HP</li> <li>• No training for No Scalpel vasectomy</li> <li>• Low accomplishment for voluntary surgical method</li> <li>• Delayed distribution of FP commodities</li> <li>• No LGU budget for training and for FP commodities</li> <li>• Lack of IEC</li> <li>• Inadequate FP supplies &amp; equipment at all levels</li> <li>• High Drop-outs, High LAM</li> <li>• Lack of male Involvement on FP</li> </ul>
TB-DOTS	<ul style="list-style-type: none"> <li>• Regular Monthly monitoring at the provincial level</li> <li>• Regular monthly diagnostic committee meeting</li> <li>• Committed BHWs</li> <li>• Provision of incentives for high performing RHUs from provincial government</li> <li>• Organized barangay task force</li> <li>• All HWs trained on Fixed-Dose Combination</li> <li>• Medical technologists trained on quality assurance</li> <li>• Quarterly validation of slides</li> <li>• All municipalities have microscope and microscopy</li> <li>• OST opportunities for personnel</li> <li>• Capiz identified as COL in DOTS</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Low TB surveillance in selected Barangays</li> <li>• No incentives for CVHWs DOTS-partners</li> <li>• Only 1 RHU is Phil Health accredited</li> <li>• Some government hospital physicians/private physicians are not following DOTs protocol</li> <li>• Untimely migration of clients at the rate of 3%</li> <li>• Selected training for new personnel and old ones evaluation of old personnel to determine those with poor knowledge</li> <li>• CDS – drug distribution from the region is delayed - drugs distributed through CDS not limited only to contraceptive but also include Vit . A, ORS, and ferrous sulfate</li> </ul>



AREA OF CONCERN	STRENGTHS/ACCOMPLISHMENTS	GAPS/NEEDS
Vit. A Supplementation	<ul style="list-style-type: none"> <li>• Sufficient supply of Vit. A</li> <li>• Strong coordination and involvement of HPs</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of IEC materials</li> <li>• CDS - delayed distribution delivery</li> </ul>
HIV/AIDS	<ul style="list-style-type: none"> <li>• Organization of ROCAC</li> <li>• Almost all of service providers in CBI areas trained on SH case management</li> <li>• Regular check-up of STI-clients and CSW in Social Hygiene Clinic</li> </ul>	<ul style="list-style-type: none"> <li>• Trainings on Contact Tracing</li> <li>• Case selection upgrading of social hygiene clinic</li> <li>• Inadequate equipment and supplies</li> <li>• Lacks IEC programs, materials and funding</li> <li>• Inadequate free medicines for STIs</li> <li>• lack of strong commitment/coordination of local LCEs/LGUs on inspections and check-ups</li> </ul>

### **Session 3: ILHZ Strategy Formulation And TA Needs Identification**

#### **1. Health Strategy Formulation**

STRATEGIES/ACTION ITEMS
<ul style="list-style-type: none"> <li>• CAPACITY BUILDING <ul style="list-style-type: none"> <li>➢ Non-scalpel Vasectomy</li> <li>➢ FP Training for Volunteer</li> <li>➢ Conduct Basic Comprehensive Training for Untrained HP</li> <li>➢ Train all HPs on Contact Tracing and case detection</li> <li>➢ Identify and train counselors for HIV/AIDS</li> <li>➢ Training &amp; re-training of all CVHWs for the TB surveillance in the Barangay</li> </ul> </li> </ul>
• PROVIDE INCENTIVES FOR CVHWS, MIDWIVES & OTHER DOT PARTNERS
• INSTITUTE COST RECOVERY SCHEME FOR FP COMMODITIES AT THE LGU
<ul style="list-style-type: none"> <li>• ESTABLISH LINKAGES W/ GO / LCES / NGOS FOR FUNDING SUPPORT <ul style="list-style-type: none"> <li>➢ Establish linkages w/GO/LA/NGOs for funding support</li> <li>➢ Utilization of CVHWs, MM, Women's Group, BNS, BSPOs to promote FP</li> <li>➢ Involve NGOS &amp; Pos in program activities</li> <li>➢ Lobbying/advocacy of budget for FP, TB, Vit. A</li> </ul> </li> </ul>
• LOBBY WITH PROVINCIAL GOVT AND CHIEF OF HOSPITAL REGARDING DOTS PROTOCOL IMPLEMENTATION

- PHILHEALTH
  - Accreditation of private health practitioners & facilities
  - Expansion of Coverage and Benefits

## 2. Priority Areas for LEAD Technical Assistance

### AREAS FOR TECHNICAL ASSISTANCE

- Basic comprehensive FP training, No Scalpel Vasectomy training, Ambulatory Surgical Sterilization and FP training for volunteers
- BHW competency-based training in FP
- CSR plan design and implementation
- Establish group counseling approach on FP
- Establish referral linkages between private and public sector provider
- Improve on-going distribution system for drugs and FP supplies
- Inducing FP service management for MHOs and other key personnel
- Inventory management by program coordinators
- IUD Insertion refresher as confidence support for midwives & DHN
- Lakbay Aral Assistance
- Link services to strategies for contraceptive self-reliance
- Management in Public health
- Provide DOH approved reference materials for medical eligibility in the family planning method
- Regional and Provincial coordinators to implement in the different levels the reporting and recording of programs and projects
- Support strategies for increased LGU financing of FP
- Updates in new guidelines and in client education for improved competencies
- Using information for managing FP services and method management
- Expand implementation of community based DOTS support by including private practitioners and clinics
- Health indicator and disease surveillance
- Improve base finding by providing incentives to BHWs, PHMs and DOTS partners
- Improving case findings
- Laboratory Equipment for Phil Health accreditation
- Upgrade the Social Hygiene Clinic

## GROUP 3 WORKSHOP OUTPUT

### Inter-Local Health Zone Composed of the Municipalities of Dumalag and Tapaz

#### Session 2: The ILHZ Health Situation

#### 1. Output by Health Indicator, Management System, and Health Financing System

AREA OF CONCERN	HEALTH INDICATORS	MANAGEMENT SYSTEM	HEALTH FINANCING SYSTEM
Family Planning	<ul style="list-style-type: none"> <li>• Low % of acceptors</li> <li>• high % of drop outs due to lack of IEC-stakeholders &amp; religious belief;</li> <li>• responsible parenthood-average no. of children 5, desired no. of children 3;</li> <li>• low no. of BTL performed;</li> <li>• no acceptor in NFP, no. of couples are practicing withdrawal as method</li> </ul>	<ul style="list-style-type: none"> <li>• Pills is the most available method used followed by: PMPA, IUD, NFP note: VSS female, VSS male is not available;</li> <li>• Unsatisfied clients (long period of abstinence)</li> <li>• Some couples have unresolved misconceptions on modern FP methods</li> </ul>	<ul style="list-style-type: none"> <li>• DOH (supplies)</li> <li>• UNFPA (advocacy training)</li> <li>• USAID (partnership building)</li> <li>• Lack of supply for surgical sterilization</li> </ul>
TB-DOTS	<ul style="list-style-type: none"> <li>• Conversion rate (76.4%) Tapaz – S (+) = 17 converted = 13</li> <li>• Conversion rate (100%) Dumalag – S (+) = 10 converted = 10</li> <li>• Low case finding Tapaz = 29%, Dumalag = 23%</li> </ul>	<ul style="list-style-type: none"> <li>• Hard to reach area</li> <li>• Lack of patient compliance;</li> <li>• Interrupted supplies of medicines</li> <li>• Lack of incentives of treatment partner</li> <li>• Stigma prevents submission to sputum exam</li> </ul>	<ul style="list-style-type: none"> <li>• LGU/ World Vision (support until June 2004 only)</li> <li>• Adequate supply of anti-TB drugs until 2005 only</li> </ul>
Vit. A Supplementation	<ul style="list-style-type: none"> <li>• In general, no problem on Vitamin A supplementation among children;</li> <li>• Low coverage of Vitamin A among pregnant and lactating mothers</li> </ul>	<ul style="list-style-type: none"> <li>• Interrupted supply of Vitamin A</li> <li>• Low awareness of community on Vitamin A fortified foods</li> </ul>	<ul style="list-style-type: none"> <li>• DOH</li> <li>• UNICEF (annual)</li> </ul>

AREA OF CONCERN	HEALTH INDICATORS	MANAGEMENT SYSTEM	HEALTH FINANCING SYSTEM
	<ul style="list-style-type: none"> <li>• Low iron coverage to pregnant and lactating mothers</li> </ul>	<ul style="list-style-type: none"> <li>• No available 10,000 IU for pregnant mothers</li> <li>• Inadequate supply of iron</li> <li>• Unpleasant taste of iron tabs</li> <li>• No monitoring/evaluation mechanism for supplementation effort for Vitamin A</li> </ul>	
HIV/AIDS	<ul style="list-style-type: none"> <li>• Zero case detection (no case);</li> <li>• Sensitivity (no case registered)</li> <li>• Lack of skills in management of HIV/AIDS</li> <li>• Lack of IEC/advocacy on STD/HIV/AIDS- increase in no. of std cases, increase in no. of registered sex workers (minors 16-17 years old)</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of trained personnel</li> <li>• To organize surveillance team</li> <li>• Lack of skills in management of HIV/AIDS</li> <li>• Lack drugs for (+) STD cases</li> <li>• Strict compliance of municipal ordinance/resolution on operators of videoke bars, night entertainments to include: prohibition of minors, weekly check up of sex workers (cardholders)</li> <li>• Planning to intensify IEC/advocacy campaign</li> </ul>	<ul style="list-style-type: none"> <li>• One Med. Tech. scheduled for training on AIDS proficiency c/o UNFPA</li> <li>• Members of ST from DUTA LGU ILHZ</li> <li>• To train service providers on management of HIV/AIDS</li> <li>• To advocate for funding support</li> <li>• To tap volunteer groups, NGOs</li> </ul>

## 2. Current Health Programs/Projects

AREA OF CONCERN	PROGRAM/PROJECT	Ph P	Source
Family Planning	<ul style="list-style-type: none"> <li>Rh Program/advocacy activities</li> <li>Rh Project (improvement of BHS) 1 BHS-Dumalag, 2 BHS Tapaz</li> </ul>	20% AIP (P70,000) Dumalag  P150,000 pledge scheduled for this year P300,000 pledge scheduled for this year	LGU  Grass roots grant assistance UNFPA
TB-DOTS	<ul style="list-style-type: none"> <li>Aid to KUSOG-BAGA PROJECT</li> <li>Case finding/monitoring &amp; evaluation</li> </ul>	P40,000 P50,000	LGU LGU
Vit. A Supplementation	<ul style="list-style-type: none"> <li>Garantisadong Pambata (G.P.)</li> </ul>	P19,100	LGU
HIV/AIDS	<ul style="list-style-type: none"> <li>IEC campaign (HIV/AIDS)</li> <li>Pap smear (STD)</li> </ul>	(Reagents, slides, fixative)	DOH

## 3. Strengths/Accomplishments, Gaps/Needs

AREA OF CONCERN	STRENGTHS/ACCOMPLISHMENTS	GAPS/NEEDS
Family Planning	<ul style="list-style-type: none"> <li>Hospital: 2 trained service providers on BTL under local anesthesia;</li> <li>2 Surgical Sterilization Team (Nurses)</li> <li>1 trained FP coordinator (Senior Nurse)</li> <li>1 FP room rehabilitated c/o AVSC</li> <li>BTL procedure included as OPD out patient benefit package</li> <li>RHU: TAPAZ- 19 RHMs trained on pill dispensing</li> <li>2 PHNs trained on IUD insertion; 4 RHMs</li> </ul>	<ul style="list-style-type: none"> <li>Religious influence</li> <li>Lack of knowledge, attitude and practice</li> <li>Lack of family planning supplies for surgical sterilization</li> <li>Lack of training on non-scalpel vasectomy</li> <li>Lack of information, education, and communication to resolve misconceptions</li> <li>Lack of funds to support contraceptive independent initiative</li> <li>Lack of training of Barangay Health Workers</li> </ul>

AREA OF CONCERN	STRENGTHS/ACCOMPLISHMENTS	GAPS/NEEDS
	trained on IUD insertion; <ul style="list-style-type: none"> <li>• 4 RHMs trained on natural FP; 2 PHNs &amp; 19 RHMs trained on DMPA</li> <li>• Presence of CBMB</li> <li>• 6 BHS as SS certified</li> <li>• Full support of LGU officials</li> <li>• Enough supply of contraceptives</li> <li>• Rafael Salas Awardee</li> <li>• OST (observation study &amp; tour)</li> </ul>	
TB-DOTS	<ul style="list-style-type: none"> <li>• Hospital: 2 Medical Technologists trained on DOTS – used for slide validation of sputum (+), (1) x-ray unit, (1) trained service provider c/o World Vision               <ul style="list-style-type: none"> <li>➤ RHU: PHILHEALTH accredited</li> </ul> </li> <li>• availability of drugs/supplies</li> <li>• full LGU support (1) Med. Tech. trained on DOTS (2) PHNs &amp; 19 RHMs trained on DOTS</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of logistic support of world Vision will phase out by 2005</li> <li>• Lack of incentives for treatment partners</li> </ul>
Vit. A Supplementation	<ul style="list-style-type: none"> <li>• Enough supply of Vitamin A</li> <li>• High % of eligible population given Vitamin A during P MEC</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of supply of Vitamin A for pregnant and lactating mothers</li> <li>• Interrupted supply of Vitamin A for children 9 mos. - 59 mos.</li> </ul>
HIV/AIDS	<ul style="list-style-type: none"> <li>• Presence of municipal ordinance on operators of videoke bars/night entertainments</li> <li>• Presence of foreign funded program in support of HIV/AIDS ex. UNFPA</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of drugs for STI; lack/non-financial surveillance team</li> <li>• Inadequate IEC</li> <li>• Lack of trained personnel on HIV screening &amp; case detection</li> <li>• Non-compliance of municipal ordinance on proper operation of videoke bars, night entertainment e.g. no weekly/regular gram straining of commercial sex workers</li> </ul>

## **Session 3: ILHZ Strategy Formulation And TA Needs Identification**

### **2. Health Strategy Formulation**

<b>STRATEGIES/ACTION ITEMS</b>	
(In order of priority, based on the number of votes received, as follows: )	
<b>1. Networking w/ NGOs for Additional Funds (10 Votes)</b>	<ul style="list-style-type: none"> <li>• solicit support from NGOs for drugs and supplies</li> <li>• partnership bldg. workshop LGU-NGO on FP</li> <li>• network &amp; other funding source thru LEAD</li> <li>• ensure adequate supply of iron tablets to pregnant mothers</li> <li>• Vitamin K administration on all newborn (home deliveries)</li> </ul>
<b>2. Enhancement of specific skills of health personnel (10 Votes)</b>	<ul style="list-style-type: none"> <li>• values training for health workers</li> <li>• non-scalpel vasectomy training of MHOs</li> <li>• OST on best practices of HIV/AIDS clinic</li> </ul>
<b>3. Lobbying to LCEs for Budgetary Support (8 Votes)</b>	<ul style="list-style-type: none"> <li>• pass ordinance-resolution for financial support on FP</li> <li>• LGU support to the sustainability of program</li> <li>• allocate specific fund for surgical sterilization</li> <li>• budgetary allocation to support phasing and programs</li> <li>• budgetary support on TB drugs after 2005</li> </ul>
<b>4. Intensify IEC/Advocacy Campaign on FP (1Vote)</b>	<ul style="list-style-type: none"> <li>• intensify IEC campaign on HIV/AIDS</li> <li>• training on speaker's bureau on FP</li> <li>• easy to understood IEC materials</li> <li>• correct misconception on FP thru IEC</li> </ul>
<b>5. Comprehensive Training of BHWs on all areas of concern (1 Vote)</b>	

- training CVHW on FP
- retraining old BHWs & training of new BHWs

#### **6. Basic Comprehensive Training for Untrained Health Personnel (No Vote)**

- FP training for untrained HP
- Basic comprehensive training for untrained RHMs
- Training untrained HP on IUD insertion

## **2. Priority Areas for LEAD Technical Assistance**

### **AREAS FOR TECHNICAL ASSISTANCE**

- **NETWORKING WITH NGOs FOR ADDITIONAL FUNDS (10 Votes)**
  - skills on networking/negotiation skills
  - training of RHMs on Vitamin K administration
- **ENHANCEMENT OF SPECIFIC SKILLS OF HEALTH PERSONNEL (10 Votes)**
  - NSV training for doctors
  - Training of health workers on HIV/AIDS through OST
  - package tour for group 3
  - incentives/awards for best performers
  - OJT on high performing areas
  - Training of health personnel
- **LOBBYING TO LCEs FOR BUDGETARY SUPPORT (8 Votes)**
  - help lobby to LCE for budgetary support



**GROUP 4 WORKSHOP OUTPUT**

**Inter-Local Health Zone Composed  
of the Municipalities  
of Maayon, Pilar, Pontevedra, Pres.Roxas**

**Session 2: The ILHZ Health Situation**

**1. Output by Health Indicator, Management System, and Health Financing System**

<b>AREA OF CONCERN</b>	<b>HEALTH INDICATORS</b>	<b>MANAGEMENT SYSTEM</b>	<b>HEALTH FINANCING SYSTEM</b>
Family Planning	<ul style="list-style-type: none"> <li>• Low Number of New Acceptors</li> <li>• High percentage of FP Drop-outs</li> <li>• Low male involvement on FP</li> <li>• Low accomplishment for voluntary surgical method like BTL and Vasectomy</li> </ul>	<ul style="list-style-type: none"> <li>• Delayed distribution of CDS from Region to LGU (2002)</li> <li>• Delayed submission of records and reports from RHU to the Province</li> <li>• No Basic Comprehensive Training for newly-hired HP</li> <li>• Provision of FP commodities through USAID</li> <li>• No training for No Scalpel Vasectomy for MDs in Hospitals and RHUs</li> <li>• Volunteers, like BHWs, male motivators and mother's group, need FP Training</li> </ul>	<ul style="list-style-type: none"> <li>• No LGU budget for purchase of FP commodities</li> <li>• Lack of Equipment/supplies for FP</li> <li>• No budget from LGU for FP Training</li> <li>• Capitation Fund not allowed to purchase contraceptives</li> <li>• No medications for complications of users e.g. Albothyl</li> <li>• No DOH/LGU fund for Sterilization Method</li> </ul>
TB-DOTS	<ul style="list-style-type: none"> <li>• High Cure Rate</li> <li>• High Case Detection</li> <li>• Untimely migration of clients at the rate of 3%</li> </ul>	<ul style="list-style-type: none"> <li>• Selective Training of personnel on TB-DOTS</li> <li>• Low TB surveillance in Barangays</li> <li>• Private Practitioners informed on proper TB protocol</li> </ul>	<ul style="list-style-type: none"> <li>• LGU Funds available for Category 3 meds</li> <li>• World Vision assistance for Training capability of Medical Technologists for QA</li> </ul>

AREA OF CONCERN	HEALTH INDICATORS	MANAGEMENT SYSTEM	HEALTH FINANCING SYSTEM
		<ul style="list-style-type: none"> <li>• CDS – drug distribution from the Region is delayed</li> <li>• Government physicians in hospital do not observe DOTS protocol</li> </ul>	<ul style="list-style-type: none"> <li>• Phil Health financing for TB-DOTS patient</li> <li>• No TEVs for field personnel</li> <li>• No incentives for CVHWs and DOTS partners</li> </ul>
Vit. A Supplementation	<ul style="list-style-type: none"> <li>• Sustained Vit. A supplementation</li> <li>• No Vit. A deficiency case</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of IEC materials</li> </ul>	<ul style="list-style-type: none"> <li>• CDS-DOH</li> <li>• CDS-Women's Health and safe motherhood</li> <li>• TEVs from LGU for Vit. A distribution is not enough</li> </ul>
HIV/AIDS	<ul style="list-style-type: none"> <li>• No Contact Tracing</li> <li>• Low Case Detection</li> <li>• Presence of High Risk groups</li> <li>• Inadequate knowledge of the community on STI/HIV AIDS</li> </ul>	<ul style="list-style-type: none"> <li>• No STD/HIV Surveillance</li> <li>• Social Hygiene Clinic without trained counselor</li> <li>• Presence of the Roxas City Aids Council (ROCAC)</li> <li>• Not all health personnel are trained on STI/HIV AIDS</li> <li>• SKILLS (management, contact tracing, case detection &amp; counseling) of Health Providers</li> </ul>	<ul style="list-style-type: none"> <li>• UNFPA Funds (education and advocacy)</li> <li>• No funds for testing kits</li> <li>• Lack of Funds for Trainings except for Roxas City</li> <li>• Lack of funds for equipment e.g. speculum, gloves and reagents</li> </ul>

## 2. Current Health Programs/Projects

AREA OF CONCERN	PROGRAM/PROJECT	SUPPORT	SOURCE
Family Planning	<ul style="list-style-type: none"> <li>RH CBI Project (CORH)</li> </ul>	110T/ municipality <ul style="list-style-type: none"> <li>Pontevedra –100T</li> <li>Maayon – 40T(RH only)</li> <li>Pilar – 150T</li> <li>Pres Roxas – no entry</li> </ul>	JOICFP UNFPA LGU
TB-DOTS	<ul style="list-style-type: none"> <li>“Tutok Gamotan”</li> <li>Case detection (sputum exam on TB symptomatics)</li> </ul>	Pontevedra – 20T	DOH, World Vision, LGU
Vit. A Supplementation	<ul style="list-style-type: none"> <li>“Garantisadong Pambata”</li> <li>PMEC</li> <li>Routine EPI</li> </ul>	no entry	DOH, LGU, UNICEF, ECD
HIV/AIDS	<ul style="list-style-type: none"> <li>RH (ARH, STI/HIV /AIDS)</li> <li>CORH</li> <li>Routine EPI</li> </ul>	Same RH budget	JOICFP, UNFPA, LGU

### 3. Strengths/Accomplishments, Gaps/Needs

AREA OF CONCERN	STRENGTHS/ACCOMPLISHMENTS	GAPS/NEEDS
Family Planning	<ol style="list-style-type: none"> <li>1. Presence of foreign funded projects such as JOICFP, UNFPA, etc.</li> <li>2. Presence of male motivators, teen youth communicators, peers educators, parent leaders</li> <li>3. Presence of Teen Health Quarters and Community Based Teen Centers</li> <li>4. Active municipal and barangay RH task forces</li> <li>5. Updated CBM boards</li> <li>6. CORH for sustained RH/FP activities</li> <li>7. Regular PIR</li> <li>8. Skilled Health Workers (HW)</li> <li>9. Increased awareness of community on FP and STI/HIV/AIDS</li> <li>10. Documented activities</li> <li>11. Best practices replicated</li> </ol>	<ul style="list-style-type: none"> <li>• No supply of IUD in the municipality of Pres. Roxas</li> <li>• Conflict with the church</li> <li>• Lack of trained personnel in IUD insertion</li> </ul> <p>Pullout of FP commodities</p>
TB-DOTS	<ul style="list-style-type: none"> <li>• Trained staff and microscopist</li> <li>• Presence of treatment partners</li> <li>• Presence of foreign funding agencies as CIDA-World Vision</li> <li>• Technical assistance (CHD6,PHO,WV)</li> <li>• Increase in cure and detection rates</li> </ul>	<ul style="list-style-type: none"> <li>• Irregular supply of medicine</li> <li>• TB patients to be prioritized as PhilHealth indigent</li> <li>• Training of newly hired health personnel (Pilar, Pres.Roxas)</li> <li>• Pullout of CIDA-WV</li> <li>• Private practitioners starting medications without sputum examinations</li> </ul>
Vit. A Supplementation	<ul style="list-style-type: none"> <li>• Provision of Vitamin A capsules by UNICEF and ECD</li> <li>• Presence of Day Care Workers, Supplementary Feeding Worker</li> <li>• Presence of Barangay Nutrition Scholars</li> <li>• All targeted children were given Vitamin A</li> </ul>	<ul style="list-style-type: none"> <li>• Overstock and or understocking of medical supplies</li> <li>• Quantification of stocks according to need</li> </ul>

AREA OF CONCERN	STRENGTHS/ACCOMPLISHMENTS	GAPS/NEEDS
HIV/AIDS	<ul style="list-style-type: none"> <li>No entry</li> </ul>	<ul style="list-style-type: none"> <li>Lack of STI/HIV/AIDS detection test</li> <li>Training of newly hired health personnel (Pilar, Pres. Roxas)</li> <li>Non-functional Municipal STI/HIV/AIDS Council</li> </ul>

### **Session 3: ILHZ Strategy Formulation And TA Needs Identification**

#### **3. Health Strategy Formulation**

STRATEGIES/ACTION ITEMS (In order of priority, based on the number of votes received, as follows: )
<b>1. Upgrading of Health Services and Facilities</b> <ul style="list-style-type: none"> <li>Upgrading of facilities and services</li> <li>Upgrade laboratory facilities</li> <li>Training of newly hired HWs</li> </ul>
<b>2. Advocacy for LGU Financial Support</b> <ul style="list-style-type: none"> <li>Advocacy for logistic support for LGU</li> <li>Encourage LGU support for FP supplies</li> <li>Additional enrollees for NHIP</li> <li>Campaign for more PhilHealth enrollees</li> <li>Prioritize TB patients as PhilHealth indigent members</li> </ul>
<b>3. Institutionalization of “user’s and service fees” for sustainability</b> <ul style="list-style-type: none"> <li>Institutionalization of “user’s fee” for FP commodities</li> <li>Community Based Intervention (provision of IGP for sustainability)</li> <li>Replication of CORH to non-CBI areas</li> </ul>
<b>4. Program Implementation Review</b> <ul style="list-style-type: none"> <li>Feed backing (Vitamin A) to appropriate coordinators</li> <li>Program implementation review</li> <li>Documentation: Monitoring and Supervision through internet/computers</li> </ul>
<b>5. Resource Mobilization</b>

<ul style="list-style-type: none"> <li>• Procurement of FP logistics and supplies</li> <li>• Facilitate adequate IUD supply by program coordinators</li> </ul>
<b>6. Coordination with NGA's, GO's, PO's, religious sectors and the academe</b> <ul style="list-style-type: none"> <li>• Networking or linking/coordination of NGOs, POs</li> <li>• Church-government dialogue</li> <li>• Orientation of clergies on RH</li> <li>• Reorientation of private practitioners on DOTS program</li> </ul>
<b>7. Community Participation and Organization</b> <ul style="list-style-type: none"> <li>• Community organization or participation (organization of task forces</li> <li>• Reactivate Municipal HIV/AIDS Council</li> <li>• Social Mobilization (CVHWs and influentials)</li> </ul>

## 2. Priority Areas for LEAD Technical Assistance

AREAS FOR TECHNICAL ASSISTANCE
<ul style="list-style-type: none"> <li>• Establish group counseling approach for FP</li> <li>• Refresher course on IUD insertion</li> <li>• Provide DOH approved, updated reference materials for medical eligibility for FP methods</li> <li>• Design intervention/strategies for specific high risk groups of HIV/AIDS/STI</li> <li>• Drafting of policies supporting institutionalization of users and service fees</li> <li>• Preparation of project proposals for fund sourcing</li> <li>• Advocacy support for integration of health initiatives for development. programs</li> <li>• Financial assistance for upgrading health services and facilities</li> </ul>

## GROUP 5 WORKSHOP OUTPUT

### Inter-Local Health Zone Composed of the Municipalities of Cuartero, Dao, Dumarao

#### Session 2: The ILHZ Health Situation

#### 1. Output by Health Indicator, Management System, and Health Financing System

AREA OF CONCERN	HEALTH INDICATORS	MANAGEMENT SYSTEM	HEALTH FINANCING SYSTEM
Family Planning	CPR- 38%; IMR – 0%; MMR – 1%	<ul style="list-style-type: none"> <li>50% of HP not trained on basic comprehension; phasing out of logistic; misinterpretation of Reproductive Health Bill</li> <li>Attitudes of some health personnel; Gender biases</li> </ul>	No budget for family planning
TB-DOTS	Conversion Rate-100%; Cure Rate-100%; Detection rate-56.84%	<ul style="list-style-type: none"> <li>Inadequate Reagent &amp; Supplies</li> <li>Delayed result to Diagnostic Committee</li> <li>Poor referral system</li> <li>Progression of CAF III to CAT I/II due to failure of LGU to provide drugs as their counterpart</li> <li>Contradicting management of private and government health</li> </ul>	Hospital not PHILHEALTH accredited

AREA OF CONCERN	HEALTH INDICATORS	MANAGEMENT SYSTEM	HEALTH FINANCING SYSTEM
		practitioners.	
Vit. A Supplementation	Low IMR; Low diarrheal cases; Low incidence of night blindness	<ul style="list-style-type: none"> <li>Inavailability of 10,000 iu VAC</li> <li>Disposition in the availability of drugs (VAC= 10,000; 100,000, 200,000 iu VAC)</li> <li>Sustainability of logistics</li> <li>Overlapping of trainings</li> </ul>	al Support ng Agencies
HIV/AIDS	No program	• No program	No program

Legend: Blue—Dumarao and Cuartero  
Red - Dao

## 2. Current Health Programs/Projects

AREA OF CONCERN	PROGRAM/PROJECT	SUPPORT	SOURCE
Family Planning	<ul style="list-style-type: none"> <li>Reproductive Health/ Community Based Initiative (CBI) Advocacy</li> <li>IEC activities; Income-Generating Project/ CBI Areas</li> </ul>	No entry	UNFPA/ JOICPP/DOH/ CDLMIS
TB-DOTS	<ul style="list-style-type: none"> <li>Kusog-Baga Project</li> <li>Fixed Dose Combination Strategy</li> </ul>	No entry	CIDA (WV) Global Fund (USAID)
Vit. A Supplementation	<ul style="list-style-type: none"> <li>Routine Anti-Measles Vaccine immunization (Vit. A Capsule is given)</li> <li>Garantisadong Pambata OPT (Operation Timbang)</li> <li>PMEC (Phil. Measles Elimination Program)</li> </ul>	No entry	DOH – CO; CHD 6



	given to mothers within 1 month (post-partum)		
HIV/AIDS	No program		

Legend: Arial (blue) font: - Dumarao and Cuartero  
Times Roman (red) font - Dao

### 3. Strengths/Accomplishments, Gaps/Needs

AREA OF CONCERN	STRENGTHS/ACCOMPLISHMENTS	GAPS/NEEDS
Family Planning	<ul style="list-style-type: none"> <li>Strong support of LGUs</li> <li>Project on equipment and facilities</li> <li>Sentrong Sigla RHU and BHWs</li> <li>Strong support of Prov'l. Project Mgt. Unit on Reproductive Health</li> <li>Adequate supply of contraceptives except condoms</li> <li>Trained personnel</li> </ul>	<ul style="list-style-type: none"> <li>Regular monitoring/supervision of FP coordinator</li> <li>Rumors and misconception on FP not 100% addressed</li> <li>Phasing out of FP commodities in one year's time.</li> <li>Lack of skilled personnel trained on BTL/vasectomy in some localities</li> <li>Need to rehabilitate District Hospital</li> <li>Train new/update personnel-BTL, NSV</li> <li>Need to determine quality of service delivery</li> <li>System of incentives (awards &amp; recognition) for service performing providers</li> </ul>
TB-DOTS	<ul style="list-style-type: none"> <li>All health personnels and Community Volunteer Health Workers trained on DOTS</li> <li>Funds for CAT III provided by LGU</li> <li>Regular monitoring of provincial nurse TB Coordinator</li> <li>Laboratory facility available</li> </ul>	<ul style="list-style-type: none"> <li>Progression of Category III to Category II or I if left untreated once LGU cannot provide drugs as counterpart</li> <li>Coordinator or mgt. among private &amp; gov't. health practitioners</li> <li>Need to determine quality of service delivery</li> </ul>

AREA OF CONCERN	STRENGTHS/ACCOMPLISHMENTS	GAPS/NEEDS
	<ul style="list-style-type: none"> <li>○ Presence of treatment partners</li> <li>○ Skilled MedTech</li> </ul>	<ul style="list-style-type: none"> <li>• System of incentives (awards &amp; recognition) for service performing providers</li> <li>• Delayed doctor's result</li> </ul>
Vit. A Supplementation	<ul style="list-style-type: none"> <li>• More than 10 yrs. Campaign from VAC supplement</li> <li>Active participation and implementation of health programs with regards to special project/prog. (VAC supplement)</li> <li>• Awareness &amp; acceptance of the community</li> </ul>	<ul style="list-style-type: none"> <li>• Inavailability of 10,000 iu VAC for pre-natal (No LGU budget for 10,000 IU)</li> <li>• Flavor</li> <li>• Need to determine quality of service delivery</li> <li>• System of incentives (awards &amp; recognition) for service performing providers</li> </ul>
HIV/AIDS	No program	No program

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Times Roman (red) font - Dao

### **Session 3: ILHZ Strategy Formulation And TA Needs Identification**


#### **4. Health Strategy Formulation**

STRATEGIES
<p><b>1. Reorganizing ILHZ (6 votes)</b></p> <ul style="list-style-type: none"> <li>• ILHZ needs to be strengthened (reorganization)</li> <li>• creation of Diagnostic Cmte.for each ILH2</li> </ul> <p><b>2. Upgrading Sen. Gerardo Roxas Memorial District Hospital as a referral hospital (8 votes)</b></p> <ul style="list-style-type: none"> <li>• Rehabilitation of hospital as referral center</li> <li>• Upgrade Sen. Gerardo Roxas Memorial District Hospital</li> <li>• Transfer site</li> <li>• b. Change: 25 to 50-bed hospital</li> </ul> <p><b>3. Upgrading of salary scales of hospital &amp; RHU personnel (6 votes)</b></p> <ul style="list-style-type: none"> <li>• Upgrading of hospital and RHU personnel, salary scale</li> <li>• Lobbying for increase from 9-30% budget for health programs (9 votes)*</li> <li>• Advocacy or lobbying for funding support for health service (LCFs, Mun. Officials)</li> <li>• Fund-sourcing (local and external)*</li> </ul> <p><b>4. Contributions from ILHZ members for Hospital</b></p>

## **2. Priority Areas for LEAD Technical Assistance**


<b>AREAS FOR TECHNICAL ASSISTANCE</b>
<b>1. Lobbying to increase from 9-20% budget for health programs AND Contributions from ILHZ members for rehabilitation of hospital</b> <ul style="list-style-type: none"><li>• Development of lobbying strategy or framework</li></ul> <b>2. Upgrading Sen. Gerardo Roxas Memorial District Hospital as a referral hospital</b> <ul style="list-style-type: none"><li>• Feasibility Study for hospital upgrading (75-bed hospital)</li></ul> <b>3. Upgrading of salary scales of hospital &amp; RHU personnel</b> <b>4. Reorganizing ILHZ</b> <ul style="list-style-type: none"><li>• Support for ILHZ strengthening (OD, Leadership, Team Building)</li></ul>

# ANNEXES




# LEAD for Health Project

Provincial Health Situation  
March 2, 2004



## Capiz Province, Region VI

- A. LGU Characteristics:
  - 473 barangays
  - 549,235 projected population for 2004
  - 57% estimated poverty level from PSWD
    - (Poverty line- P12500)
    - ( Threshold line-P8700)




## Health Budget

- P347,497,774.27-LGU total expenditure for 2003
- P104,096,950.00-LGU total expenditure for health
- 14821- Phil Health Indigent enrolment for 2003
- 68,490 additional( PCSO/PHIC for April 2004




## Governance

- November 14, 2003 Meeting of the Capiz Integrated Health Services Council
- Agendum: MOA Signing of the 10M 'Play Money'
- Resolutions/ Ordinances: Asin Law, Anti-Smoking



## B. Quality of Health Services:

- 17 RHU are SS Certified (Level 1)
- 31 BHS are SS Certified
- 93% TB smear conversion rate for July- Dec. 2003
- 73% TB case detection rate for Jan- Dec. 2003
- 42% TB case detection rate for July- Dec. 2003
- 3.5 days ave. no. of days for sputum results to return to requesting facility



## C. Health Service Financing

- LGU current external sources of support: UN, Japan, Canada, USA
- Health Project assistance: CIDA, USAID, UNICEF, UNFPA, JOICFP, etc
- 11 RHUs and CHO are PHIC accredited with OPB





#### D. Drugs:

- Pooled (Bulk), Bidding, canvass-are used for the procurement of drugs.



#### E. Information System:

- FHSIS, Infectious Dis. Surveillance, TB Surveillance, CBMIS, STI/HIV/AIDS Surveillance
- FHSIS is most useful and frequently used.




## F. Public, Private Health Service Provision/Mix

- Phil-Cat and Phil Health on TB/DOTS
- Well Family Health Clinics
- FPOP for Family Planning




## G. Availability of Health Services:

1. No. Providing FP & DOTS	No. by type	Pills	condom	DMP A	IU D	NF P	S D M	B T L	Va s.	DO TS
Barangay Health Stations	189	189	189							189
RHU/MHC	19	19	19	19	17	19				19
Public Hospitas	8	5	5	5	4			5	2	
Private Practitioners										
Private clinics(Nurses & midwives)	7	7	7	7	4					
Private Hospitals	3	2	2	2	2			2	2	
NGO										
Pharmacies/drug stores dispensing TB & FP comm.										



### Availability of services:

No. of SP Providing FP & DOTS	No. by Category	Pills	Con dom	Inje ctio n	IUD	NF P	S D M	BT L	Va s.	DO TS
BHW for FP	5270									
Midwives	171									
Nurses (RHU)	28 + city									
Physicians (RHU)	15 + city									



### Other Important Health Indices

- Operation Timbang:
  - Normal: 55,586
  - 1<sup>st</sup> degree: 26,269
  - 2<sup>nd</sup> degree: 4,895
  - 3<sup>rd</sup> degree: 437
  - Over weight: 3,639



## Family Planning

- CPR: 56.3 (as of 1997)
- Total population inc. Roxas City: 673,978 for 2003
- Total current users for 2003: 35377
- MWRA: 94,356



## Maternal and Child Care

- No. of Deliveries attended by:
  - Doctors: 1325 (16%)
  - Nurses: 69 (0.83%)
  - Midwives: 2744 (33%)
  - Trained Hilots: 3656 (44%)
  - Untrained: 458 (5.5%)
  - Others: 12 (0.14%)



## Mortality:

- Maternal Deaths: 7
- Infant Deaths: 86
- Stillbirths: 20  
(late fetal)

# LEAD for Health

(Local Enhancement  
and Development for  
Health)



1

4/27/2004

## CAPIZ

- 17 LGUs
- 5 Inter-local Health Zones
- Total population (17 LGUs) = 650,000



Local Enhancement And Development (LEAD) for Health

# Health Situationer

## VITAMIN A DEFICIENCY

- Challenge is to maintain high coverage levels for children from 6 mos. to 5 yrs. old.
- Most widespread child nutrition problem

## TUBERCULOSIS

- Challenge is to improve detection of new and existing cases
- Main problem: access to medicines

## FAMILY PLANNING (FP)

- Population growth rate of 2.3 is more than double that of our Asian neighbors.
- Most women when asked want 2 children, but have 4-6.

## HIV/AIDS

- Low and slow incidence
- High level of high-risk behaviors
- Potential major epidemic
- Presence of other high risk groups: IDUs (Intravenous Drug Users), MSMs (Men having Sex with Men)

## Challenges in Managing Local Health Services

- Reaching more people in need of basic health services
- Improving the quality of these health services
- Ensuring that the delivery of these services is financially viable and sustainable.



**LEAD for Health** is a three-year project that supports local governments in the following areas:

- Increasing the coverage of high-quality health services in FP, Vitamin A Supplementation, TB, and HIV/AIDS.







- Strengthening the LGU management and health information systems; and
- Creating local financing and policy environments to sustain these health services.



**LEAD** is designed to assist 530 LGUs nationwide over the next three years. The coverage represents:

- 40% of the total national population
- 80% of barangays/LGU





## Assistance aims to :

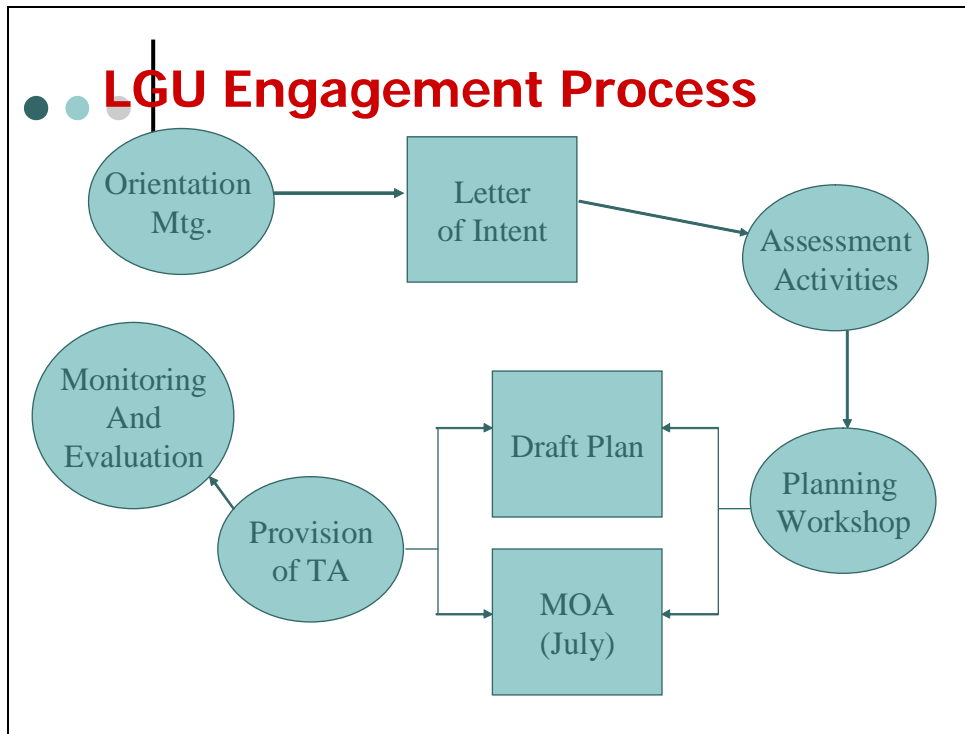
1. Increase local level support for Family Planning and Health Services
2. Improve the financial, management, technical capabilities of LGUs in providing FP/Vit. A Supplementation/TB/HIV-AIDS
3. Increase local and national policy support to health services



## Criteria for project site selection



- Willingness/readiness of LGU to participate in the LEAD Project
- High poverty incidence
- Practice of modern family planning methods not widespread
- Presence of strong local partners and local champions





## How are we going to do it?

- Client-LGUs
- Close collaboration with:
  - Department of Health (central and regional)
  - Leagues
  - Philhealth
- Clustering Approach
- MOA for Technical Assistance (TA)
- Local Service Institutions and Organizations (SIOs)
- Possible selected direct funding for LGUs


**MSH** MANAGEMENT SCIENCES FOR HEALTH
 

Local Enhancement And Development (LEAD) for Health

## Special Strategy: Contraceptive Self Reliance (CSR)

- No more donor funding for contraceptives
- LGU-specific CSR Strategy: integral part of the assistance package to be provided to LGUs



## By the end of the project period, we expect to achieve the following:

- A. Governance:
  - a. Share of FP/TB/HIV-AIDS/MCH in LGU budget increased
  - b. Ordinances supporting enacted financing for FP/ other health services
  - c. Local CSR+ plan formulated and adopted
  - d. Enrollment of indigents under the National Health Insurance Program (NHIP) increased
  - e. LGU plan for strengthening services & improvement adopted



● ● ● **By the end of the project period, we expect to achieve the following:**

○ **B. Family Planning and Health Systems:**

- a. Health information system functional
- b. Access to quality modern contraceptive supplies and services increased
- c. Rate of drop-outs among pill & DMPA users reduced
- d. All HIV/AIDS sites implementing interventions and improved surveillance activities



● ● ● **By the end of the project period, we expect to achieve the following:**

- e. Improved treatment and diagnosis of TB
- f. Health volunteer network expanded
- g. Collaboration with private sector increased
- h. RHU-Sentrong Sigla certified and Philhealth accredited
- i. RHU providing routine Vitamin A Supplement



## **LGU In-depth Situation Analysis**

*What more do we need to know?*

### **Why further assessment?**

**What ....**

- standards of care are we trying to meet?
- are client and community needs?
- is already in place?
- needs to be put into place?
- processes need to change to meet quality and access needs?

## Increasing CPR

*Meeting clients needs*

### Access to broad method mix

*Where* are methods provided ?

- Short-term spacing methods
- Long-acting and non-hormonal
- Permanent methods

### *When* are they available?

- Day of week, time of day.....
- What are the costs to the client?
- What are provider attitudes?
- Where does initial education and counseling take place? By who?

### What *resources* need to be in place?

- Skills
- Supplies
- Equipment
- Setting



## Areas of Investigation

- Finance
- Governance and Policy
- Information systems for management
- Drug supplies, logistics
- Services availability – public and private services for FP, TB, child health, HIV education and HIV/STI clinical services
- Services quality and supervision

## Finance

- *How sufficient and sustainable is the financial resource base?*
- *Are the systems functioning well?*
- exploring current and potential levels of local financial investment in health
- identifying external sources
- Identifying existing and potential mechanisms for financing

## Governance and Policy

- *What is supportive in the policy environment?*
- *What is hindering or obstructive?*
  - Policies, ordinances
  - Decision-making processes, community involvement
  - Management environment for health

## Information Systems

- *What information is available to each type of manager?*
- *Is it readily accessible?*
- *How is the information used ?*
  - CBMIS – in place? Working well?
  - FHSIS – data sound? Info used for planning?

## Drug supplies and logistics

- Are future supplies secure?
- Why are there stock-outs and over-supply?
- Exploring sources of commodities for family planning, TB drugs, Vitamin A supplies
- Distribution
- Stock management at all levels

## Services Availability, Accessibility

- Mapping public and private sources of services for FP, TB, child health, HIV education and HIV/STI clinical services.
- What are barriers to access?
- Can clients reach services easily?
- How do clients perceive the access?
- How do clients perceive the service?

## Supervision Systems

- How often do providers get support?
- How are providers supported in implementing new policies, procedures, techniques?

## Services

- What resources are needed in each site? Are they in place?
- What standards of care are expected? Do providers practice them?
- If not, why not?
- Looking at resources, practices in health centers, RHUs, and BHSs: Sentrong Sigla Phase 2 and added elements

***Annex D***  
***List of Participants***

Name	Position/Designation
1. Dr. Cristy Nelly Advincula	MHO, Panitan
2. Gloria Andrada	Nurse, Ivisan
3. Dr. Mignon Andrada	MHO, Ivisan
4. Ms. Shirley Arches	PHN, Panay
5. Haydie Apruebo	SB, Ivisan
6. Dr. Milagros Balgos	Chief of the Hospital, Roxas Memorial Provincial Hospital
7. Mrs. Mignon Bermejo	Sr. Nurse, CHO, Roxas City
8. Dr. Jeremias Besa	MHO, Panay
9. Nida Blanco	SB, Panay
10. Ms. Nenita Cesar	Integrated PHO
11. Ma. Gracia del Rosario	Consultant, IPHO
12. Dr. Leah del Rosario	DOH Representative, Roxas City
13. Ms. Marites Derramas	Nurse, Panitan
14. Dr. Amelita Robles	Asst. CHO, Roxas City
15. Dr. Charlie Robles	DOH Representative, Panay
16. Cecille Tuason	Provincial Health Office
17. Dr. Ana Mae Belasoto	MHO - Dumalag
18. Evelyn Bolido	PHO
19. Susan C. Bunda	DOH Rep - DUTA
20. Noe V.B. Castro	SB Member
21. Marcel S. Enate	Nurse – Dumalag
22. Ma. Rosa F. Fulge	Mun. Admin. – Dumalag
23. Bob G. Gardose	SB Member
24. Edna F. Gicole	PHN II - Tapaz
25. Dr. Obdulia P. Gloria	PHO II - Capiz
26. Dr. Jean A. Gloria	OIC – TDH
27. Jeannebeb P. San Felix	Nurse I - Tapaz

Name	Position/Designation
1. Gilson Albana, M.D.	DDH/COH
2. Angela L. Bullo	PHN-Cuartero
3. Lorna C. Baguio	PHN-RAO
4. Abner O. Basiliano	SBM- Dumarao
5. Marilou B. Corcino	LGU-SB Member
6. Joe Martin D. Fuentes	MHO-Cuartero
7. Mary Humbelyn M. Horneja, M.D.	MHO-Dao
8. Mildred V. Olandia	Nurse-PHO - Capiz
9. Milagrosa P. Serrano	PHN-Dumarao
10. Dedia H. Tizon	DOH-Rep. Dumarao and Cuartero